

CASES  
OF  
**TUMOURS IN THE ABDOMEN**  
ARISING FROM ORGANIC DISEASE OF THE STOMACH;  
WITH REMARKS.

BY EDWARD J. SEYMOUR, M.D. (SEC.)

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, AND PHYSICIAN TO  
THE ASYLUM FOR RECOVERY OF HEALTH.

---

*Read 27th November, 1827.*

---

SEVERAL cases having recently fallen under my observation, in which tumours in the abdomen of considerable size were found to arise from organic disease situated in the stomach, they appear to me worthy of the attention of the Society; first, because very few such cases are on record, and secondly, because in two of them the symptoms which have been considered to characterize organic disease of this viscus were altogether absent.

Among the numerous cases of disease of the stomach related by Morgagni\*, one only is to be found in which a tumour was perceptible during

\* Epist. 29. Art. 6.

life, and in this instance the pain in the stomach, to which the patient had been long subject, and the constant vomiting which had existed during the latter period of his life, gave sufficient evidence of the seat of the disease.

In fourteen cases related by Lieutaud \*, two only are mentioned where the tumour formed by the disease was perceptible externally, and in these the symptoms of pain, vomiting, heart-burn, &c., were sufficient to draw the attention of the physician to the real state of the case.

In Dr. Monro's work on Morbid Anatomy †, a very remarkable case is detailed, in which "a lady had suffered during some time from pain in the epigastric region, indigestion, and wind in the stomach and bowels." On examining the body, a tumour was found on the right side of the navel, of an oval shape and about the size of an orange, which at the time was supposed to be lodged in the colon. On inspecting the body after death, the stomach was found to have fallen down as low as the navel; on opening it there appeared a tumour adhering by its neck to the villous coat. The surface of the tumour "was smooth, and the body of it so firm, solid and tough, that it was cut through with some difficulty."

\* Liber primus de Læsionibus Abdominis, Obs. 941.

† P. 190.

Dr. Baillie observes in his work on Morbid Anatomy, "where the person is much emaciated, and the cancerous swelling is situated near the pylorus or along a part of the great curvature of the stomach, it may be felt in the living body by a careful examination by the hand." This implies only that in certain cases such enlargements may be discovered, whereas in the cases which I am about to relate the tumours were visible and of very considerable size.

The essential symptoms of cancer or fungus hæmatodes of the pylorus, enumerated by authors, are pain in the region of the stomach aggravated on taking food, frequent vomiting sometimes mixed with blood, often occurring about half an hour after solids or fluids have been swallowed, sensation of weakness, occasional syncope. As the disease advances, the vomiting increases in frequency and resembles coffee in colour, and there are often accessions of hectic fever with great emaciation.

The disease very rarely, if ever, attacks persons under forty years of age, and is more common in women than in men. It has been very frequently observed in persons subjected either to great fatigue of mind or anxiety. In a great majority of cases there is a remarkably exsanguine appearance in the countenance, even early in the disease.

In the numerous cases related by M. Lieutaud, vomiting was always present, and in the greater number acute pain was experienced in the stomach. M. Vicq d'Azyr, in his very able article *Anatomie Pathologique*, in speaking of this disease, says, "It is worthy of remark, that as there is *always vomiting* when the seat of the malady occupies the pylorus or its neighbourhood, so deglutition is impeded or altogether obstructed when the disease attacks the cardiac orifice."

"When the disease", says Dr. Mohro, "is seated in the stomach, there is great pain in the organ affected, with all the usual symptoms of indigestion, very frequent nausea and vomiting, and the occasional rejection of blood by vomiting, and the patient dies completely exhausted."

Although these symptoms are so common as to be necessarily enumerated in the history of the disease, yet they are by no means uniformly present, two of them sometimes existing in a slight degree only, and occasionally being altogether absent, viz. pain and emaciation.

A very remarkable case is related in the practice \* of Dr. Pemberton, where extensive disease existed in the stomach, and no symptom whatever

\* Abdominal viscera.

was present during life to mark its nature. A similar case is related by De Haen, where periodical vomiting was the only suspicious symptom, in a patient whose appetite, circulation, and digestion, appeared to be perfectly natural, the evacuations being sufficient in quantity, and of healthy colour\*.

In the recent very laborious work of M. Andral, on diseases of the abdomen, several cases of fungus hæmatodes of the pylorus are related; in the greater number of which pain denoting disease of the stomach was altogether absent, but the vomiting and emaciation and exsanguine appearance of the patient, together with the occasional detection of a hardness in the situation of the smaller extremity of the stomach, rendered it difficult not to perceive the nature of the disease. This author is of opinion that no symptoms exist, which can in the living body point out the diagnosis between this disease and chronic inflammation of the stomach.

The first case which I shall relate is one which I had an opportunity of observing in St. George's Hospital, under the care of Dr. Chambers; the characteristic signs of the disease were undoubtedly present in this case, but its extent and the size of the tumour were very remarkable.

\* De Inflammatione Membran. p. 182.

*CASE I.*

Ann Row, æt. 39, unmarried, a cook. Admitted July 11, 1827. Has been subject to occasional pain in the abdomen for several years past, not however sufficiently severe to confine her to bed. About Christmas last she was attacked with vomiting of blood and diarrhoea, with very violent pain in the belly. About two months ago she perceived a tumour at the inferior part of the left hypochondrium, extending to the umbilicus.

The tumour which is hard, unequal, and very tender on pressure, occupies the whole of the epigastric and the umbilical region, extending to within an inch of the symphysis pubis and to the right iliac region; at this latter part (an inch to the right of the navel) it is more elevated, and there is a strong pulsation communicated through it. She vomits occasionally after taking food, but not always; sometimes when the stomach is empty. She describes what she vomits to be bitter and sour. Bowels very much relaxed, tongue clean and moist and of natural colour; no catamenia for three months; pulse 96, very weak; urine scanty; she is much emaciated.

12th. Sickness very distressing, bowels open. (Haust. Salin. Efferves. 6tis horis c. T. opii  $\mathfrak{m}$  v.)

16th. Hirudines viij tumori. Fetus papaverum abdomini admovend.

R Bismuth. Subn. Oss.

Pulv. Tragacanth. C. gr. v.

M. Ft. Pulv. t. d. Rept. alia.

18th. There is an equally diffused swelling of the parts about the right clavicle, extending to the right axilla, which is very tender to the touch; the mamma is not affected, the right arm and hand are oedematous. (Hirudines viij tumori. Fetus partibus tumidis admov. P.)

20. P. 23d. Sickness less severe, constant purging, great tenderness in the swollen part, pulse natural, tongue healthy, skin cool, emaciation increased. (Hirudines viij regioni tum. Postea applic. Cataplasma Lini.)

R Acidi Hydrocyanici Medic. m. j.

Decoct. Hordei ʒj. M.

Ft. haust. t. d. sum. Rept. alia.

25th. Died.

#### *Sectio Cadaveris.*

26th. The cardiac extremity of the stomach was healthy; but on cutting the anterior surface of the pyloric portion the coats were found considerably thickened, and on the inner surface an irregular tumour presented itself, occupying about two thirds of the circumference of the stomach, and only leaving the anterior part free. The

tumour began about the situation of the pylorus, and its greatest length was about five inches extending towards the left side. It projected about an inch into the interior of the stomach, the surface being very uneven, several round masses rising upwards from the body of the tumour. The surface was for the most part of a reddish yellow colour, some parts nearly brown, and here and there complete sloughs had been formed. The surface of the duodenum and of the stomach was very vascular around the tumour.

In the centre of the tumour an opening about an inch and a half in diameter, with sloughy circular margin, led backwards into a cavity containing about two ounces of fetid pus. The whole surface of the cavity being covered with a brown sloughy membrane like the margin of the opening, its parietes were formed by adhesions between the stomach, colon, and duodenum anteriorly, and by the spine behind. At the margin of the opening of the stomach nearest the duodenum, a sloughy tumour about the size of a small orange projected from the general mass into the abscess, and still more to the right side another larger tumour was perceptible, both from the front of the abdomen and at the bottom of the diseased mass of the intestines and stomach, having the duodenum, colon, and stomach adherent to the anterior surface. This was the only part of the whole disease which had not yet ulcerated, and it seemed to be com-

posed of glands united together ; it was soft and pulpy and of a light colour, like the usual appearance of fungus hæmatodes. The remainder where ulcerated was also soft, and resembled very much the usual surface of a tumour composed of fungus hæmatodes when it has ulcerated through the common integuments.

### *C A S E II.*

Mr. C. æt. 59, a gentleman who had always enjoyed good health and was remarkably temperate in his habits, but much occupied by anxious professional business, consulted me in the month of November 1825, being affected with pain in the region of the bladder, particularly felt after voiding his urine, which was high coloured and deposited freely uric acid. The warm bath and the use of soda and opium shortly relieved these complaints; a visit to the sea-side and the moderate use of tonics completely restored him.

About November 1826, he mentioned to me that he was occasionally troubled with water-brash, which he described as a small portion of tasteless fluid rising occasionally into his mouth, unattended by pain or any uneasiness whatever. His appetite was extremely good, sleep undisturbed ; he had no pain in any part of his body. His pulse was not strong, but regular and of natural frequency, and he described himself to be in good

health. He was recommended twenty minims of Liq. Potassæ in lime water twice in the day, but the inconvenience appeared to have been so slight that he did not comply with the prescription.

On the 13th March 1827, while visiting another patient in the family, I observed that Mr. C.'s countenance and manner betrayed considerable indisposition, and I inquired if he were suffering from return of pain in the bladder. He replied he thought he had taken cold, and that he was much harassed by business. He said he felt as if he required opening medicine. I ordered him an aperient, and desired he would lie in bed in the morning that I might examine his abdomen, as on pressing him through his dress there appeared some tenderness present.

14th. The patient being in bed, the symptoms were as follow: bowels freely open from the medicines, dejections loose, but of good colour, pulse 110, extremely weak, urine very turbid, tongue red and shining, appetite good, great sensation of debility, with an exsanguine appearance of the countenance, the less remarkable as the patient had always been unusually pale.

About midway between the umbilicus and superior anterior spinous process of the left ilium, a tumour was observed of the size of a large orange, extremely hard, extending over about half an inch

to the right side of the umbilicus, and an inch below it. This tumour was adherent to the integuments, was rather moveable, and there was considerable tenderness on pressure. Notwithstanding the size of the tumour, its tenderness, and its prominent figure, the patient, until my examination, was totally ignorant of its existence. The apparently rapid growth of the tumour, its hardness and irregularity, combined with the bloodless appearance of the patient, and the great and sudden loss of strength experienced, induced me to believe that the disease was of a malignant nature. A dozen leeches were ordered to the part, and a consultation took place in the evening with Dr. Nevinson. Dr. Nevinson was likewise of opinion that the disease was of a malignant kind, but no decision could be formed as to which of the viscera it affected particularly. (Hirudin. xij tumori; capiat Pil. Sapon. c. Opio gr. iij h. s.)

R Mist. Camph. 3x.

Sp. Æther. Nitr. 3ss.

Confect. Arom. ʒj.

M. Ft. haustus 4tis horis sum.

(Light nourishment.)

15th. A consultation took place with Mr. Brodie, who agreed in the opinion that the disease was fungus hæmatodes. The leeches were ordered to be repeated. Evaporating lotions to the tumour. The internal medicine to be repeated.

On the 18th, the tumour having increased, a consultation took place with Mr. Brodie and Sir A. Cooper. The latter gentleman was of opinion that the great intestine on the left side adhered to the parietes of the abdomen, that the inner coat had ulcerated, and a tumour was formed whose contents consisted of gas, ill-conditioned matter, and fæces. Poultices and fomentations ordered. The soap and opium pill repeated at bed-time.

R Infus. Gentian. C. 3x.

Infus. Rhei 3ij.

Pulv. Ipec. c. Opio, gr. iij.

Subcarbon. Sodæ exsicc. gr. v.

M. Ft. haustus t. die sumend.

23d. Some fluctuation being perceived in the tumour, an opening was made to the left, a little above the umbilicus with a lancet; about two ounces of foetid sanious pus escaped from the orifice. Some hæmorrhage occurring, the pulse in the evening became extremely small and feeble, tongue red with a brown centre, countenance much sunk, bowels purged.

R Pulv. Cret. C. 3ss.

Confect. Arom. ʒj.

T. Opii m. v.

Mist. Camphoræ 3x.

M. Ft. haustus 4tis horis sumend.

(Vini Rubri ʒij ter in die.)

26th. The opening discharged freely, pulse 100, strength much improved, aphthæ in the mouth.

R Infus. Cuspariæ 3x.

Confect. Arom. ʒj.

Pulv. Cretæ C. ʒj.

M. Ft. haustus ter die sumend.

The relief experienced by letting out the confined matter was of very short duration. The tumour enlarged as the cavity of the abscess filled up, and the condition of the patient on the 17th of April was as follows: The tumour occupies the whole of the umbilical region, being about six inches in breadth, and four in length. No pain whatever is experienced on pressure, or at any period. The cavity of the abscess filled up about one half. Bowels slightly relaxed. No vomiting or nausea. Tongue clean, less red and shining. Appetite good. Sleeps well. Pulse 100, weak.

R Infus. Cascarillæ 3x.

Canell. Alb. in Pulv. ʒss.

T. Opii. m. iij.

Syrupi ʒss.

M. Ft. haustus ter in die sum.

It now appeared expedient to endeavour by all the means in our power to check the growth of

the tumour, and in such a case the various remedies which have been insisted on by authors, for promoting the dispersion or absorption of morbid growths, were fairly to be tried, however small the hopes of success which resulted from their employment.

Several blisters were applied in succession over the tumour, without affording any advantage. The tumour appeared inert, producing no pain on pressure, or during the whole process of digestion, which was uniformly to all appearance healthy, one natural evacuation being voided in the twenty-four hours; and when (which was a very rare occurrence) this was deficient, a small dose of castor oil relieved the difficulty. The only bad symptom was the sense of extreme debility, and occasionally slight syncope.

On the 20th of May, a drachm of weak mercurial ointment was ordered to be rubbed in over the tumour daily, and three grains of blue pill given at bed-time. The cascarilla and canella, from which the patient expressed himself to derive relief, was continued. This course was persevered in for nearly three weeks, and given up without appearing to have in any way contributed to the diminution of the tumour, or the amendment of the patient's general health.

The action of iodine is at present little under-

stood; but that it occasionally exercises very extraordinary power in the dispersion of morbid growths, is now generally admitted, at the same time that in the present state of our knowledge its apparent want of uniform success, and the terrible influence it exercises over the nervous system, even some weeks after its use has been discontinued, require great caution in its administration.

Half a drachm of the ointment of hydriodate of potass was rubbed in every night and morning, and five drops of the tincture given twice in the day for more than a fortnight, when the increased sense of fainting and diminution of the patient's strength obliged its discontinuance.

The beneficial effect occasionally produced by the internal use of the caustic alkali, especially in steatomatous tumours, suggested the propriety of employing this remedy. Twenty drops of the liq. potassæ were ordered to be taken thrice daily, in a little barley water, this quantity being gradually increased to twenty-five minims five times in the twenty-four hours, which was borne without the slightest uneasiness. During three weeks that the use of this remedy was continued, a sensible amendment was perceived. Strength increased; the skin became of a healthier colour, and the tumour certainly was somewhat diminished. In consequence of this amended state, the patient left

town for his seat in the country, in the middle of July. On the first of August he returned to London, having perceived an increase in the tumour during the preceding two days, and having experienced a return of the rising of tasteless fluid into his mouth, a symptom which had wholly left him for several months.

My attention having in the mean time been called to the case of Row, which I have first detailed to the Society, I was satisfied that the malignant growth was in the stomach itself, and accordingly informed the patient's friends. This opinion was confirmed in consultation by Mr. Brodie and Dr. Chambers. After the patient returned to London, the *extr. conii* and the *liquor arsenicalis* were employed in full doses, but without any perceptible good effect. The patient continued to decline, his hands and feet were oedematous, and his strength became so greatly impaired that he required the support of considerable quantity of stimulants, in order to maintain life and warmth.

After growing weaker and weaker through the month of September, he expired on the 2d of October without pain, having experienced a feeling of complete exhaustion, and presented an appearance of the utmost emaciation for several days previously.

The most singular circumstance attending this case was the perfect manner in which digestion was performed during the progress of so extensive a disease of the stomach. The patient's diet consisted of broth, arrow-root, plain animal food, and white fish, and as the disease advanced, he was permitted to drink weak brandy and water with his dinner, which added greatly to his comfort by counteracting the extreme sensation of debility. At no period of his disease did he experience any pain after taking food; at no period was his food returned by vomiting. The only circumstance which could draw the attention of the physician to disease of stomach was the water-brash, but this occurred rarely in very small quantity and was attended with no pain. The appetite continued natural until two days before death.

The body was opened twenty-seven hours after death by Mr. Brodie, assisted by Mr. Cæsar Hawkins. On the external surface of the body several spots of purpura were perceived, and a tumour was easily felt through the parietes of the abdomen, with an opening in its centre, a little above and to the left side of the umbilicus, discharging some dark purulent fluid. The cavity of the abdomen contained about three quarts of water; on the removal of which, the tumour was found to be formed by the stomach, adhering extensively

to the parietes, to which the transverse part of the colon and the omentum were also joined. The stomach was opened on the posterior part, and the cardiac portion and duodenum were found to be quite healthy, the pyloric half alone being the seat of disease \*. It appeared to consist of a thickening of the coats of this part of the stomach, in some parts above an inch in thickness, with an irregular tumour growing from its whole circumference, of the nature of fungus hæmatodes. The whole interior surface was ulcerated, and several portions of the tumour projected into the cavity of the stomach. The tumour was soft, and highly vascular in the inner part, and gradually became firmer and whiter towards the peritoneal surface, whence several white bands ran in an irregular manner towards the interior of the tumour. The anterior part of the stomach was the thickest, particularly where it adhered to the muscles of the abdomen; and in it several abscesses were discovered, one of the largest of which was the cavity in which the opening on the surface of the abdomen terminated. The œsophagus near its junction with the stomach contained a small cyst of fluid, resembling an hydatid in appearance, and of the size of a filbert. The liver was rather darker than usual, but otherwise healthy, except that in the left lobe several tubercles were observed of the size of a pea, of a

\* See Plate I.

white colour, and of the consistence of soft cartilage. All the other viscera appeared sound.

### CASE III.

The following case I had an opportunity of observing under the care of Dr. Hewett, physician to St. George's Hospital, who has obligingly permitted me the use of his notes in his hospital case-book.

John Rae, æt. 40, applied to be admitted Wednesday, September 12th, 1827. About fifteen weeks ago, being in robust health, he fell suddenly on his back from a height, and was taken up insensible. He soon recovered his faculties, and did not appear to have sustained any serious injury. About twelve weeks ago, he experienced a difficulty in the digestion of his food. To use his own expression, "his victuals did not appear to digest properly, but to stop for three or four hours at a spot" which he pointed out, and which corresponded with the cardia; the food then passed onwards without being rejected by vomiting. These symptoms were removed by some pills, in the course of three or four weeks. Pulse 100, regular and soft; tongue foul. He has had no evacuation from his bowels since last Sunday week, with the exception of one costive stool, after having taken castor oil. On Saturday afternoon he fainted twice from weakness, not from pain,

while making ineffectual efforts to pass the evacuation. (Capiat Ol. Ricini ʒiij statim, et 4tis horis donec semel respond. alvus. Injiciat Enemat. oleos. ℥ij post horam unam.

R Mist. Camphor. ʒxj.

Sp. Æther. Sulph. ʒss.

Syrupi ʒj.

M. Ft. haustus appropinquante syncope sumend.

13th. Three evacuations from the medicine, of a dark muddy colour, but presenting no traces of blood. Urine reported to be high coloured, nearly resembling porter in appearance. Bowels have been torpid during the last nine or ten weeks, but he did not notice the colour of his evacuations. He does not now experience any pain, except on forcible pressure about the epigastrium. Towards the right as well as the left hypochondrium and umbilicus, there seems to be some induration of the stomach, and perhaps also of the liver. Pulse 100, regular, soft. Skin natural. Tongue muddy, no yellowness of conjunctiva; he has a peculiarly exsanguine appearance, but has never had any hæmorrhage. That the tumour is of a malignant character, is rendered probable by the expression of countenance, the rapid emaciation, and general progress of symptoms. Cap<sup>t</sup>. Ol. Ricini ʒiij c. m. Injiciat Enema oleosum vespere.

R Submur. Hydrarg. gr. j.

Extr. Conii gr. viij.

M Ft. Pilulæ ij. 8vis horis sumend.

14th. The examination to-day leaves no doubt that scirrhus of the stomach exists to a considerable extent, more particularly affecting the pyloric portion. Tongue clean and moist, his appetite is good, and he feels no inconvenience after swallowing his food. He was now ordered fourteen drops of the solut. hydriodatis potassæ (hydriod. pot. 3ss. aq. distill. ʒi) every six hours.

Extr. Conii gr. vj 6tis horis intermediis

Repet. Enema Oleos. Interm. Calomel.

(Beef Tea.)

He pursued this plan, augmenting gradually the medicine, on the 19th to twenty drops, on the 27th to twenty-four drops, with at least no disadvantage. His bowels were regular, he was entirely free from pain, and he relished his food. On the 1st of October he was attacked with diarrhoea, which caused the use of the solution to be suspended, and opiates substituted for it. The purging, though occasionally restrained, continued to increase, and he died, apparently exhausted, on the 15th of October.

In the different examinations which were made

subsequently to the 14th of September, it was observed that a great mass of the tumour varied its situation according to the position of his body, descending nearer the umbilicus if he sat up in his bed, and nearer the right or left hypochondrium according as he lay on his right or left side. Dr. Hewett also pointed out the peculiarity of the continuance of the appetite and the exemption from vomiting in this case, as he had done in the case of John Clapp, who had died some months previously, while under his care in the hospital, with a similar but still more extensive disease of the stomach and duodenum.

*Sectio Cadaveris \*.*

The greater part of the stomach seemed healthy, but at the pylorus a tumour was found, as large as a man's fist and nearly globular in shape, occupying the anterior and lower part of the pyloric extremity. A small part projected over and was attached to the duodenum, but most of the tumour formed part of the circumference of the stomach in the situation mentioned, leaving the posterior and upper part of the pylorus free from disease, and not even thickened. The tumour, near its circumference, was hard and white in texture, apparently attached only to the outer part of the coats of the stomach; but in the inner

\* See Plate II.

surface of the diseased mass the coat had ulcerated, and a sloughy mass was exposed having a cavity in the centre which communicated with the cavity of the stomach, with irregular projections of a dark brown or blackish colour. The arch of the colon adhered slightly to the tumour, but was unaffected by the disease. A portion of the œsophagus which was cut off with the stomach, and which was about one inch and a half in length, was very much thickened and hardened in its muscular texture, the mucous coat being still healthy, and the cardiac portion of the stomach was also free from disease where it joined the œsophagus.

The liver \* had a large quantity of soft white tubercles, with yellow portions intermixed, and in some parts more vascular than usual. Where they were distinct their diameter was one or two inches, and more vascular in the centre; but many of these had coalesced, so as in some parts to lose the tubercular appearance. They were soft and easily broken down, and could readily be detached from the rest of the liver, which was quite healthy in appearance; and the whole liver being enlarged, the actual quantity of healthy structure was not much less than usual.

The transverse branches of the vena portæ

\* See Plate III.

seemed quite choked with a similar diseased structure, which adhered to the inner coat, and extended into many of the smaller branches, so that if a portion of tumour was torn, the vessels filled with the new structure could be separated from the actual tubercles, and were seen extending like cords into the healthy structure of the liver, although in a section it was difficult to distinguish the cut surface of the tumour in the vessels from the tumour which was external to their coats. It was difficult to see any channel by which the blood could have passed, so completely were the branches of the vena portæ obstructed; yet in the healthy part of the liver the vessels were seen to be still pervious.

In the last two cases, it is to be observed, that tubercles were found in the liver, in the second case in a crude state, and in the last in a very advanced stage of the development. These are exactly the tumours described by the French authors, M. Laennec and Andral, under the name of (*tumeurs encephaloides*), and of the symptoms of which, during life, with the appearances on dissection, the latter author has lately given a very detailed description in his valuable work "*Sur les Maladies Abdominales*."

There can be little doubt that the disease in the stomach and that in the liver are of the same na-

ture, modified only by the structure in which they are found, and (unlike true cancer, which appears often a local disease, affecting parts in juxtaposition, and, secondarily, the constitution,) to be the result of the same action of vessels in different structures at the same time. This would appear from the following facts:—1st. By the observations made by Morgagni, Farre, Langstaff, Wardrop, Bayle, Laennec, and Andral, of the simultaneous occurrence of this organic disease in different viscera. Dr. Farre has related a case where tubera of a structure similar to those which I have shewn to the Society were found in the brain, bronchial glands, liver, and kidney, in the same individual. M. Bayle relates an instance where he found them in the brain and lungs. In the collection of preparations of morbid parts in the possession of Mr. Brodie, there is a specimen of the fungus hæmatodes of the liver (*tubera diffusa*), scirrhus of the breast, and a disease of the uterus, apparently similar to what has been described by Dr. Clarke under the name of cauliflower excrescence, taken from the same individual. Another circumstance worthy of observation, in the third case, is the obstruction in the transverse branches of the vena portæ, by a deposition of matter similar to that which composed the tubera in the liver. In Mr. Langstaff's excellent paper on fungus hæmatodes, in the eighth volume of the Transactions of the Society, several cases are related (pages 285. 304),

in which the veins in the immediate vicinity of the diseased structure were found choked by a similar deposition.

This subject, viz. the matter of fungus hæmatodes being found in veins unconnected with alteration of their coats, and in the centre of large coagula, consequently, probably, arising from an alteration in the chemical composition of the blood, has recently attracted the attention of the Académie de Médecine at Paris, in consequence of two papers on the subject by M. Velpeau \*.

At the meeting of the Academy M. Beclard stated that he had found this formation, in one case, in the interior of a clot which filled the heart and principal blood-vessels. In another case a similar mass was found filling the iliac veins and vena cava.

What, then, is the nature of the disturbance in the due performance of the laws of the economy, in its circulation, absorption, or secretion, which immediately precedes the formation of these diseases?

It appears to me to present none of the ordinary phenomena of inflammation, nor is its termination in any manner similar to the terminations of that morbid process as far as they are at present un-

\* *Revue Médicale*, February and March, 1825.

derstood, as effusion, suppuration, deposition of lymph, or hepatization. It arises often without the unfortunate patient being aware of its commencement, and proceeds without pain, redness, or swelling, or heat of the affected part, these not being observed until its size, or encroachment upon neighbouring parts, produces secondary attacks or alterations in contiguous textures, which rouses the attention of the patient. The exsanguine appearance of the patient, even at a very early period, and the uncommon depression of vital power which he experiences, would lead to the belief of a constitutional cause, either an alteration in the constituents of the blood, from which these diseased products are separated by the ordinary secreting power of vessels, or from a morbid alteration in the secreting powers themselves, or from both of these causes.

Before concluding, I may be permitted a few remarks on the treatment of a disease, which consists only, in our present state of knowledge, in the alleviation of pain, or in directing means to retard its progress. In several cases I have found pain and vomiting, when they attend this affection, effectually relieved for a considerable time by the administration of the Prussic acid.

### *C A S E I.*

A middle aged woman was attacked with all the

symptoms of this complaint; constant pain, aggravated on taking either food or medicine, which resisted all usual remedies. Venesection, leeches to the pit of the stomach, blisters, full doses of conium, hyoscyamus, belladonna, and opium, failed in giving the smallest relief. Two minims of the Prussic acid given twice in the day procured a calm of a week's duration, and afterwards, whenever repeated, some relief was obtained. The dose was carried up to  $\mathfrak{m}$  iv. thrice in the day, beyond which quantity it appeared dangerous to employ it.

### *C A S E II.*

A woman, *æt.* 45, who had been exposed to severe affliction, complained to me of pain in the region of the stomach, aggravated on taking food; constant vomiting; a hardness was perceptible in the great curvature of the stomach: no ordinary preparation had relieved her sufferings, which had lasted four months. Two minims of the Prussic acid, directed thrice daily, had the effect of producing an entire suspension of the symptoms during a fortnight.

It ought to be stated here, that the preparation used was that known under the name of Scheele's medicinal acid.

In cases where pain and vomiting are not pre-

sent, I should be induced to employ large doses of the liquor potassæ, from the advantage derived temporarily in the second case, even at an advanced period. I need scarcely observe, that this remedy is only adapted to similarly insensible tumours. Rest appears to be essentially necessary, exercise uniformly promoting the rapid increase of the disease.

Fig 1. A.

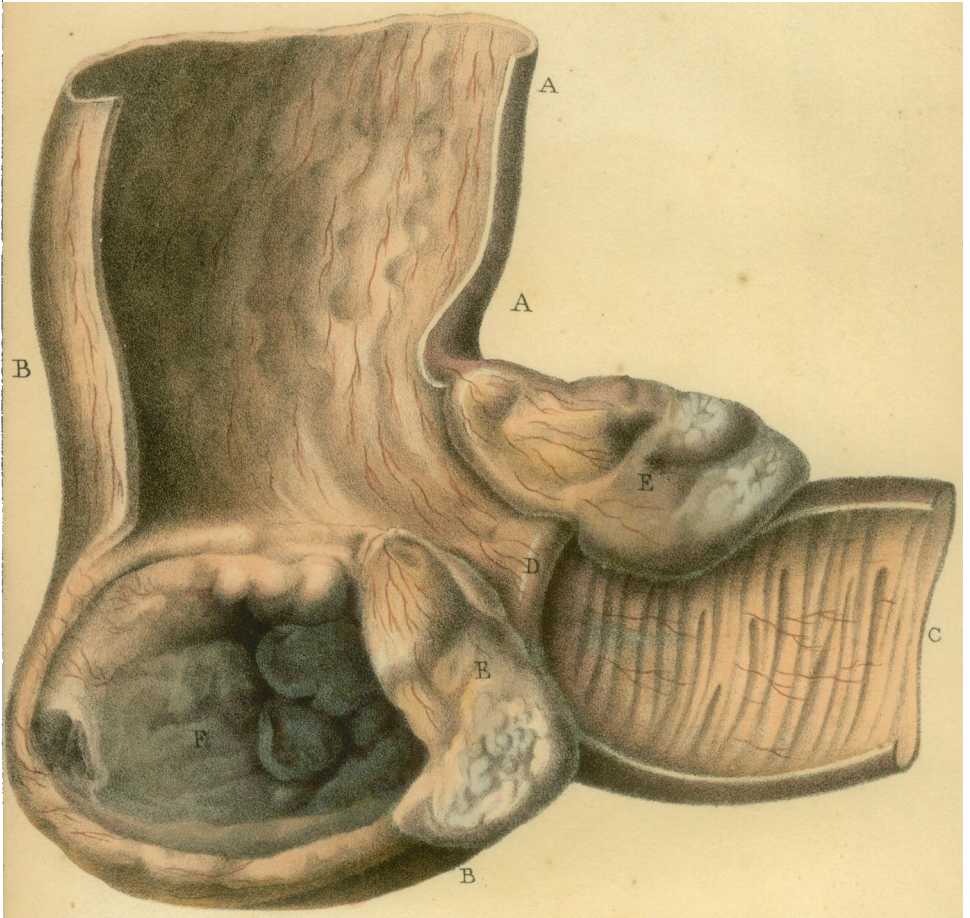


Fig 2. D.

J.H. Newton del. Jos. Perry lithog.

Printed by C. Hullmandel.

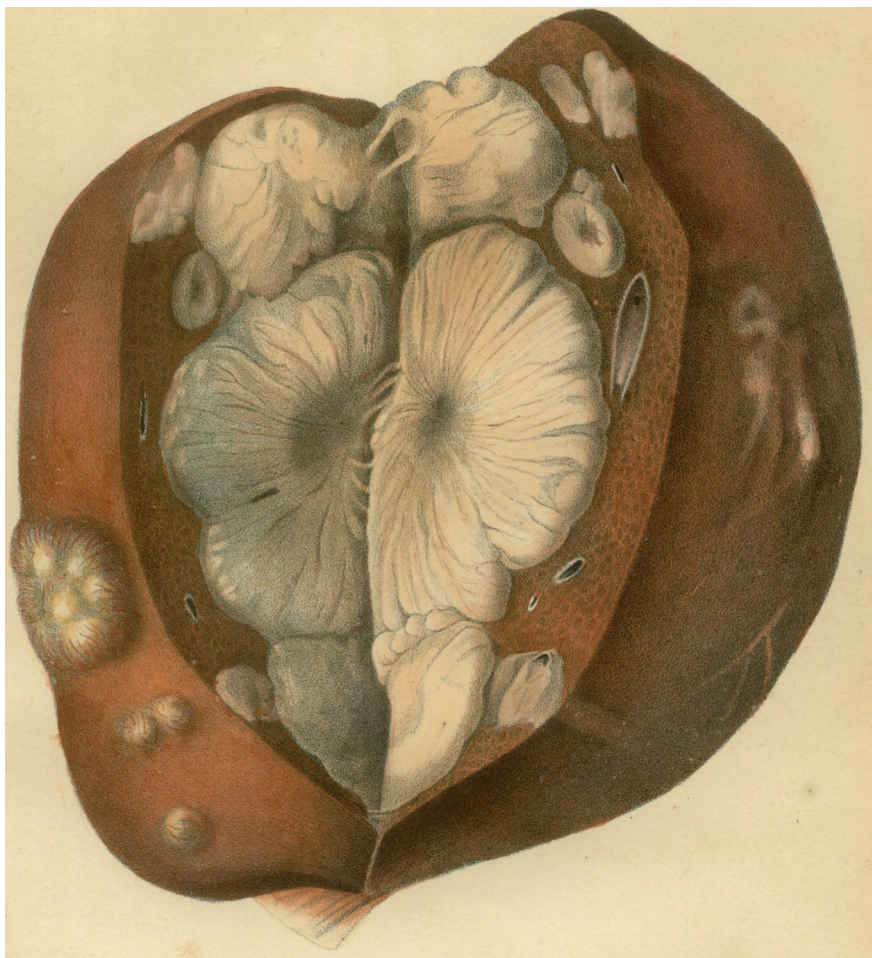
Pub'd by Longman, Rees, Orme, Brown, & Green. Feb'y 1828.



*Jos<sup>h</sup> Perry lithog. J.H. Newton del.*

*Printed by C. Hullmandel.*

*Pub<sup>d</sup> by Longman, Rees, Orme, Brown, & Green March 1828.*



Jos.<sup>h</sup> Perry lithog. J.H. Newton del.

Printed by C. Hullmandel

Pub.<sup>d</sup> by Longman, Rees, Orme, Brown, & Green. March, 1828.